

What is the Give Parents A Break (GPAB) Program?

The Air Force Aid Society (AFAS) recognizes that Air Force families are subject to unique stress due to the nature of military life--deployments, remote tours, extended working hours, etc. Families are often separated from spouses as well as from extended family members who might otherwise offer support. The purpose of this program is to offer eligible families a few hours break from the stresses of parenting. Parents may use this time to suit their personal needs.

Under the program, the AFAS will pay the cost of having the Child Development Center (CDC) open one Saturday of each month.

Who's Eligible?

Active duty Air Force families eligible for the GPAB program would include those where a parent is feeling stress due to unique and numerous circumstances such as: Whose spouse is deployed

- ❖ Whose spouse is on extended TDY
- ❖ Member has been experiencing a family crisis such as birth of a baby, serious illness of a family member, death in the family, extended illness of a family member
- ❖ Member has been required to work extensive extended shifts

To be eligible for the program, families must be referred to the Air Force Aid Society (AFASO) in the Family Support Center by one of the following base officials to receive a GPAB voucher.

- ❖ Squadron Commander/First Sergeant
- ❖ Chaplain
- ❖ Doctor or other medical professional
- ❖ Family Advocacy / Mental Health professional
- ❖ Family Support Center personnel
- ❖ Child Development Center or Youth Center managers

How to Apply?

Individuals participating in this program must have a referral form completed by the person making the referral. The referral form will be forwarded to the Air Force Aid Society Officer (AFASO) in the Family Support Center . The AFASO will issue a voucher for the family. Vouchers may be reissued as necessary based on the need. The original voucher will be kept on file at the CDC.

Give Parents a Break Referral Form

_____ is eligible to receive child care under the “Give Parents a Break” program from _____ to _____. Must be renewed every three months, if needed.

Signature of Person Making Referral: _____

Printed Name: _____

Organization: _____ Phone Number: _____

Member's Name: _____ Rank: _____

Organization: _____

Home Phone: _____ Work Phone: _____

Spouse's Name: _____

Children's Name: _____ Age: _____

_____	_____
_____	_____
_____	_____
_____	_____

Reason for Referral _____

For more information about Give Parents a Break contact the Air Force Aid Society Officer at 656-0944.